Signature

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

Indexed	
Audited	
Checked	
Computer	

Date

DEPARTMENT	OR OFFICE	RECEIVING THE	GIFT.	BEQUEST.	OR GRANT:

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST,	OR GRANT:				
Iowa Department of Administrative Services					
Name of Department or Office	ame of Department or Office				
Mailing Address C	Des Moines, Iowa 50319 City, State, Zip Code				
(515) 281-6595 Area Code & Telephone No.					
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	CE:				
John Nash					
Name					
(same) Mailing Address (if different from above)	(same) City, State, Zip (if different from above)				
_john.nash@iowa.gov	(same)				
Email Address	Area Code & Telephone Number (if different from above)				
DONOR OF GIFT, BEQUEST, OR GRANT:					
BONOR OF GIFT, BEQUEST, OR GRANT.					
Friends of the Capitol					
Name					
Mailing Address City, State, Zip Code	May 27, 2008 \$ 56,743.92				
(515) 221-1955	Date of Gift, Bequest, or Grant Amount/Value*				
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by				
va1082@qwest.net	receiving department or office. If no value mark "0.00".				
Email Addres s (optional)					
Provide a description of the gift, bequest, or grant and purpose thereof:					
Feb 10147 MS 5945497 3004 WY 307 400					
	ting over the Capitol's Grand Staircase), these are funds				
given to the current Capitol Restoration fund from F	riends of the Capitol.				
Criteria to use this form:					
Receipt of any gift, bequest, or grant that is received by any department	t of the state or received by the Governor on behalf of the state				
, 3	,				
Statement of Affirmation:					
John Nach					
affirm that the gift, bequest, or grant reported and assessment of the fair market value (if applicable) is correct and	ed above is accurate. I further affirm that the information concerning the true to the best of my knowledge.				
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DUMMANAQUA ~	5.30.08				